



LEOSA Retiree Registration Form

☐ **Records Check:** Date: _____ By: _____
Name ID#

☐ **IAD Check:** Date _____ By: _____
Name ID#

Current Handgun Permit? ☐ YES ☐ NO **If Yes:** _____
Permit Number State

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

Name: _____ **Retirement Date:** _____
Last First Middle

Address: _____
Street City, State County Zip

Sex: ☐ M ☐ F **Race:** _____ **DOB:** _____
MM/DD/YYYY Hgt. Wgt. Eye Color Hair Color

Phone: _____ **Email Address:** _____
Home Other

Type of Weapon: _____ **Make:** _____ **Model:** _____ **Serial#:** _____

Type of Weapon: _____ **Make:** _____ **Model:** _____ **Serial#:** _____

1. Have you ever been LEOSA certified by the Montgomery County, Maryland, Department of Police?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Have you ever been served with an ex-parte or protection order for domestic violence?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Have you ever been charged with, arrested for, or convicted of any violation of criminal law?	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Did you retire for reasons of mental instability?	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition?	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substance?	<input type="checkbox"/> Y	<input type="checkbox"/> N
ON ATTACHED CONTINUATION FORM, PLEASE INCLUDE THE FOLLOWING:		
A. If you answered <u>YES</u> to any of the above questions, please provide a detailed explanation of each.		
B. Give full details of prior denial, suspension, revocation, or termination of your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction.		
C. You are <u>required</u> to report on the continuation sheet if you are on parole, probation, or mandatory supervision.		

Distribution: Original: Records
Yellow: IAD
Pink:

AFFIDAVIT

Name: _____
Last First Middle

Before retirement (check one):

- _____ I was regularly employed as a law enforcement officer for fifteen (15) or more years aggregated.
- _____ I retired after completing probation due to a service-connected disability as determined by the agency I retired from.

Please read and initial next to each of the below statements:

- _____ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.
- _____ I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or incarceration of any person for any violation of law, and I had statutory powers of arrest.
- _____ I have non-forfeitable rights to benefits under my agency's retirement plan.
- _____ **I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.**
- _____ I am not prohibited by state or federal law from receiving a firearm.
- _____ I understand that the definition of firearm does not include any machine gun, firearm silencer, or destructive device.
- _____ I understand that I must carry my Montgomery County LEOSA card along with my photo ID issued by my agency, when I carry a concealed weapon.
- _____ I understand that my LEOSA certification expires twelve (12) months from its issue date.
- _____ **I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances.**

I do hereby declare and affirm under penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief, and I so indicate by signing below. I understand that by signing this form, I agree to allow the Montgomery County, Maryland, Department of Police to conduct a criminal history and motor vehicle administration check as part of this application process.

_____ Retiree Signature _____ Date

RETURN COMPLETED FORM TO:

Montgomery County Police Department
Records Division
2350 Research Blvd.
Rockville, MD 20850

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 20 _____

My Commission Expires _____

Function Code: 322
CALEA: None
Proponent Unit: Training & Ed. Division

LEOSA APPLICATION CONTINUATION FORM

Name: _____

Last First Middle

[illegible]